



Registration Form 2017-2018 School Year

Child Information

Child's Name: _____
(Please Print) Last First

Birth date: ____/____/____ Gender: M___ F___ I have another child currently enrolled here ____
Month Day Year

Is your child potty trained? Yes___ No___ My child is in Diapers_____ Pull Ups_____

T-Shirt Size: ___ 3T ___ 4T ___ 5/6 ___ Youth XS (Shirt included in registration fee)

Family Information: (If address information is the same, fill out one column & write "same" in the other column)

Name: _____ Name: _____
Last First Last First

Relationship: _____ Relationship: _____

Address: _____ Address: _____

City: _____ City: _____

Zip Code: _____ Zip Code: _____

Home Phone: (____) _____ Home Phone: (____) _____

Work Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Cell Phone: (____) _____

Email: _____ Email: _____

Language used at home: _____ primary secondary

Child's Doctor: _____ Phone: _____

1) Mark a schedule:

___ **Full Day: 7:00- 5:30** (Includes class, snacks & lunch)

Select Days: ___ M ___ T ___ W ___ TH ___ F

___ **Part Day: Class** ___ **Part Day: Class with lunch time**

- ___ **2 Days** (Tuesday/Thursday)
- ___ **3 Days** (Monday/Wednesday/Friday)
- ___ **4 Days** (Mon-Thurs OR Tues-Fri)
- ___ **5 Days**

Please mark a first and second schedule choice – we may offer an alternative schedule based on availability.

3) Signature: _____ Date: _____
(parent or guardian)

Attach the nonrefundable registration fee to reserve your child's space.

Office Use: Date Received: _____ By: _____ Interviewed _____ Date packet due: _____

Reg. Paid: Cash___ Check # _____ Debit/Credit Card _____

Start Date: _____ Teacher _____ Schedule _____ Toddler Preschooler Kinder Prep

EastLake Church Children's Center ~ Enrollment Interview Sheet

(This information will help us better serve your child)

Child's Name: _____, _____ DOB: ____/____/____
(Last) (First) Month Day Yr

Does your child have any:

1) Preschool or daycare experience?

No ____ Yes ____ Where?: _____

If you answer Yes to any of the following you may be contacted by our office staff for further information.

2) Difficulty with speech/hearing; physical, emotional or social development?

No ____ Yes ____ (please list) _____

3) Food allergies?

No ____ Yes ____ (please list) _____

If yes, you will need to fill out required allergy information paperwork

4) Other allergies?

No ____ Yes ____ (please list) _____

List any signs or symptoms of a reaction: _____

5) Medical conditions? (Ex. Asthma, diabetes, chronic illness, etc.)

No ____ Yes ____ (please list) _____

If yes, you will need to fill out required medical condition information paperwork

6) Does your child take any prescription medication?

No ____ Yes ____ (please list) _____

Does your child need to take this medication at school? Yes ____ No ____

If yes, you will need to fill out required medication authorization forms

7) Past surgeries?

No ____ Yes ____ (please list) _____

List any limitations since surgery: _____

8) Do both parents live in the household?

No ____ Yes ____ If no – we will need to be aware of any custody arrangements.

(Legal documentation is required for any pick up restrictions)

9) Does your child have specific behaviors we should be aware of?

(For example: separation anxiety; selective eater; fear of public restroom; tends to wander; etc.)

No ____ Yes ____ (please list) _____

10) How did you hear about our school?

__Neighbor/ friend/relative __Church services __Elementary School __Phonebook __Website
__ Advertisement __Signage __Previous child attended school __Other: _____

Do you currently attend EastLake Church? ____Yes ____No

Are you a member? ____Yes ____No

Parent Signature: _____ Date _____

Best Contact Phone #: (_____) _____